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MAR 05 2003

HDP/SB/21 based on PTO/SB/21 (08-00)

2125

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                        |                             |
|------------------------|-----------------------------|
| Application Number     | 09/743,634                  |
| Filing Date            | March 16, 2001              |
| First Named Inventor   | Hans-Peter BURVENICH et al. |
| Group Art Unit         | 2125                        |
| Examiner Name          | Michael D. Masinick         |
| Attorney Docket Number | 32860-000115/US             |

Total Number of Pages in This Submission 19

## ENCLOSURES (check all that apply)

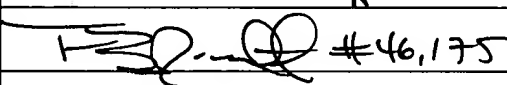
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|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><b>PTO Form 1449 w/ six (6) references</b> |
|---|---|---|
- Remarks
- The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

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Technology Center 200

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |               |                 |          |        |
|-------------------------|---|---------------|-----------------|----------|--------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C.  | Attorney Name | Donald J. Daley | Reg. No. | 34,313 |
| Signature               |  |               |                 |          |        |
| Date                    | March 5, 2003   |               |                 |          |        |

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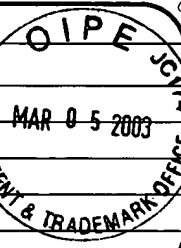
Date

**FEE TRANSMITTAL  
for FY 2003**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 290**Complete if Known**

|                      |                            |
|----------------------|----------------------------|
| Application Number   | 09/743,634                 |
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| Examiner Name        | Michael D. Masinick        |
| Group / Art Unit     | 2125                       |
| Attorney Docket No.  | 32860-000115/US            |



| <b>METHOD OF PAYMENT (check all that apply)</b>   |          | <b>FEE CALCULATION (continued)</b>  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|---|----------|---|----------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|------|-----|------------------------|----|-------------------------------------|-----|------|-----|-----------------------------------|----|--|-----|------|-----|---------------------------------------|-----|---------------------------|-----|------|-------|--|-------|--|-----|------|------|--|------|---|--|--------------|--------|--------------|--------|---|----------|----------|----------|----------|----------|--|--------|------|-----|------------------------|-----|---|----|------|-----|-----------------------------------|-----|--|-----|------|-------|---------------------------------------|-----|---|----|------|-------|--|-----|--|----|------|-----|--|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|--------|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <input type="checkbox"/> Deposit Account:   |          | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td>110.00</td></tr><tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td>180.00</td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr></tbody></table> |          | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051                   | 65 | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052                              | 25 | Surcharge - late provisional filing fee or cover sheet |     | 1053 | 130 | 1053                                  | 130 | Non-English specification |     | 1812 | 2,520 | 1812   | 2,520 | For filing a request for reexamination |     | 1804 | 920* | 1804   | 920* | Requesting publication of SIR prior to Examiner action  |  | 1805         | 1,840* | 1805         | 1,840* | Requesting publication of SIR after Examiner action |          | 1251     | 110      | 2251     | 55       | Extension for reply within first month | 110.00 | 1252 | 410 | 2252                   | 205 | Extension for reply within second month |    | 1253 | 930 | 2253                              | 465 | Extension for reply within third month |     | 1254 | 1,450 | 2254                                  | 725 | Extension for reply within fourth month |    | 1255 | 1,970 | 2255   | 985 | Extension for reply within fifth month |    | 1401 | 320 | 2401   | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | 180.00 | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051  | 130      | 2051  | 65       | Surcharge - late filing fee or oath  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052  | 50       | 2052  | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053  | 130      | 1053  | 130      | Non-English specification  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812  | 2,520    | 1812  | 2,520    | For filing a request for reexamination                                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804  | 920*     | 1804  | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805  | 1,840*   | 1805  | 1,840*   | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251  | 110      | 2251  | 55       | Extension for reply within first month                                     | 110.00   |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252  | 410      | 2252  | 205      | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253  | 930      | 2253  | 465      | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254  | 1,450    | 2254  | 725      | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255  | 1,970    | 2255  | 985      | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401  | 320      | 2401  | 160      | Notice of Appeal   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402  | 320      | 2402  | 160      | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403  | 280      | 2403  | 140      | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451  | 1,510    | 1451  | 1,510    | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452  | 110      | 2452  | 55       | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453  | 1,300    | 2453  | 650      | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501  | 1,300    | 2501  | 650      | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502  | 470      | 2502  | 235      | Design issue fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503  | 630      | 2503  | 315      | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460  | 130      | 1460  | 130      | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807  | 50       | 1807  | 50       | Processing fee under 37 CFR 1.17 (q)                                       |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1806  | 180      | 1806  | 180      | Submission of Information Disclosure Stmt                                  | 180.00   |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021  | 40       | 8021  | 40       | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809  | 750      | 2809  | 375      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810  | 750      | 2810  | 375      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801  | 750      | 2801  | 375      | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802  | 900      | 1802  | 900      | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>1. BASIC FILING FEE</b>  |          | <b>2. EXTRA CLAIM FEES</b>  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr></tbody></table>   |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1001     | 750      | 2001 | 375 | Utility filing fee     |    | 1002                                | 330 | 2002 | 165 | Design filing fee                 |    | 1003   | 520 | 2003 | 260 | Plant filing fee                      |     | 1004                      | 750 | 2004 | 375   | Reissue filing fee                                 |       | 1005                                   | 160 | 2005 | 80   | Provisional filing fee                                     |      | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18     | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 84 | 2201 | 42  | Independent claims in excess of 3 |     | 1203                                   | 280 | 2203 | 140   | Multiple dependent claim, if not paid |     | 1204                                    | 84 | 2204 | 42    | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001  | 750      | 2001  | 375      | Utility filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002  | 330      | 2002  | 165      | Design filing fee  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003  | 520      | 2003  | 260      | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004  | 750      | 2004  | 375      | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005  | 160      | 2005  | 80       | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES</b>  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 84  | 2201 | 42  | Independent claims in excess of 3 |    | 1203   | 280 | 2203 | 140 | Multiple dependent claim, if not paid |     | 1204                      | 84  | 2204 | 42    | ** Reissue independent claims over original patent |       | 1205                                   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18     | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 84 | 2201 | 42  | Independent claims in excess of 3 |     | 1203                                   | 280 | 2203 | 140   | Multiple dependent claim, if not paid |     | 1204                                    | 84 | 2204 | 42    | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES</b>  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 84  | 2201 | 42  | Independent claims in excess of 3 |    | 1203   | 280 | 2203 | 140 | Multiple dependent claim, if not paid |     | 1204                      | 84  | 2204 | 42    | ** Reissue independent claims over original patent |       | 1205                                   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18     | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 84 | 2201 | 42  | Independent claims in excess of 3 |     | 1203                                   | 280 | 2203 | 140   | Multiple dependent claim, if not paid |     | 1204                                    | 84 | 2204 | 42    | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES</b>  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 84  | 2201 | 42  | Independent claims in excess of 3 |    | 1203   | 280 | 2203 | 140 | Multiple dependent claim, if not paid |     | 1204                      | 84  | 2204 | 42    | ** Reissue independent claims over original patent |       | 1205                                   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18     | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 84 | 2201 | 42  | Independent claims in excess of 3 |     | 1203                                   | 280 | 2203 | 140   | Multiple dependent claim, if not paid |     | 1204                                    | 84 | 2204 | 42    | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES</b>  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 84  | 2201 | 42  | Independent claims in excess of 3 |    | 1203   | 280 | 2203 | 140 | Multiple dependent claim, if not paid |     | 1204                      | 84  | 2204 | 42    | ** Reissue independent claims over original patent |       | 1205                                   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18     | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 84 | 2201 | 42  | Independent claims in excess of 3 |     | 1203                                   | 280 | 2203 | 140   | Multiple dependent claim, if not paid |     | 1204                                    | 84 | 2204 | 42    | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES</b>  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 84  | 2201 | 42  | Independent claims in excess of 3 |    | 1203   | 280 | 2203 | 140 | Multiple dependent claim, if not paid |     | 1204                      | 84  | 2204 | 42    | ** Reissue independent claims over original patent |       | 1205                                   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18     | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 84 | 2201 | 42  | Independent claims in excess of 3 |     | 1203                                   | 280 | 2203 | 140   | Multiple dependent claim, if not paid |     | 1204                                    | 84 | 2204 | 42    | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES</b>  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 84  | 2201 | 42  | Independent claims in excess of 3 |    | 1203   | 280 | 2203 | 140 | Multiple dependent claim, if not paid |     | 1204                      | 84  | 2204 | 42    | ** Reissue independent claims over original patent |       | 1205                                   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18     | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 84 | 2201 | 42  | Independent claims in excess of 3 |     | 1203                                   | 280 | 2203 | 140   | Multiple dependent claim, if not paid |     | 1204                                    | 84 | 2204 | 42    | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES</b>  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 84  | 2201 | 42  | Independent claims in excess of 3 |    | 1203   | 280 | 2203 | 140 | Multiple dependent claim, if not paid |     | 1204                      | 84  | 2204 | 42    | ** Reissue independent claims over original patent |       | 1205                                   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18     | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 84 | 2201 | 42  | Independent claims in excess of 3 |     | 1203                                   | 280 | 2203 | 140   | Multiple dependent claim, if not paid |     | 1204                                    | 84 | 2204 | 42    | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES</b>  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 84  | 2201 | 42  | Independent claims in excess of 3 |    | 1203   | 280 | 2203 | 140 | Multiple dependent claim, if not paid |     | 1204                      | 84  | 2204 | 42    | ** Reissue independent claims over original patent |       | 1205                                   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18     | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 84 | 2201 | 42  | Independent claims in excess of 3 |     | 1203                                   | 280 | 2203 | 140   | Multiple dependent claim, if not paid |     | 1204                                    | 84 | 2204 | 42    | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES</b>  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 84  | 2201 | 42  | Independent claims in excess of 3 |    | 1203   | 280 | 2203 | 140 | Multiple dependent claim, if not paid |     | 1204                      | 84  | 2204 | 42    | ** Reissue independent claims over original patent |       | 1205                                   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18     | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 84 | 2201 | 42  | Independent claims in excess of 3 |     | 1203                                   | 280 | 2203 | 140   | Multiple dependent claim, if not paid |     | 1204                                    | 84 | 2204 | 42    | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES</b>  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 84  | 2201 | 42  | Independent claims in excess of 3 |    | 1203   | 280 | 2203 | 140 | Multiple dependent claim, if not paid |     | 1204                      | 84  | 2204 | 42    | ** Reissue independent claims over original patent |       | 1205                                   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18     | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 84 | 2201 | 42  | Independent claims in excess of 3 |     | 1203                                   | 280 | 2203 | 140   | Multiple dependent claim, if not paid |     | 1204                                    | 84 | 2204 | 42    | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES</b>  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 84  | 2201 | 42  | Independent claims in excess of 3 |    | 1203   | 280 | 2203 | 140 | Multiple dependent claim, if not paid |     | 1204                      | 84  | 2204 | 42    | ** Reissue independent claims over original patent |       | 1205                                   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18     | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 84 | 2201 | 42  | Independent claims in excess of 3 |     | 1203                                   | 280 | 2203 | 140   | Multiple dependent claim, if not paid |     | 1204                                    | 84 | 2204 | 42    | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES</b>  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 84  | 2201 | 42  | Independent claims in excess of 3 |    | 1203   | 280 | 2203 | 140 | Multiple dependent claim, if not paid |     | 1204                      | 84  | 2204 | 42    | ** Reissue independent claims over original patent |       | 1205                                   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td></tr></tbody></table>   |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18     | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 84 | 2201 | 42  | Independent claims in excess of 3 |     | 1203                                   | 280 | 2203 | 140   | Multiple dependent claim, if not paid |     | 1204                                    | 84 | 2204 | 42    | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9   |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205  | 9        |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |   |  |              |        |              |        |   |          |          |          |          |          |  |        |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |     |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |